

Homeowner Assistance Claim (for income received in 2000)

2001

9000

STEP AName,
address,
and
social
security
number

SSN

Your first name				Initial	Last name			
Spouse's first name				Initial	Last name			
Present home address — number and street including PO Box or rural route						Apt. no.		PMB no.
City, town, or post office						State	ZIP Code	
Your social security number				Spouse's social security number				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

IMPORTANT:

Your social security number is required.

STEP BFiling
Status

- Are you a United States citizen? Check "Yes" or "No"** .. ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.
- Benefit Eligibility for Noncitizens**
If you are not a citizen of the United States, go to page 19.
If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 19 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c.

• 2a.	Alien Status Code	<input type="text"/>
• 2b.	Alien Registration Number	<input type="text"/>
• 2c.	Date of Entry	<input type="text"/>
• 3.	Date of Birth	<input type="text"/>
- Enter your date of birth** (example: 0 5 / 2 1 / 1 9 3 8)
MM DD YYYY
- Check the appropriate box if you were **one** of the following on December 31, 2000:

A.	62 years or older (See Note on page 6, line 4a)	• A	<input type="checkbox"/>	<input type="radio"/>
B.	Under 62 and blind	• B	<input type="checkbox"/>	<input type="radio"/>
C.	Under 62 and disabled (not blind)	• C	<input type="checkbox"/>	<input type="radio"/>

See instructions on page 6 and page 7 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Homeowner Assistance claim.

STEP CProperty
InformationComplete
line 5
through
line 7.

- Did you own and live in your home on December 31, 2000** ☐ YES ☐ NO
If "No," stop. You do **not** qualify for homeowner assistance.
 - Enter the FULL value of your property** (after subtracting your homeowner's or veteran's exemption). See page 8 ☐ 5a. \$
 - Is your property used for rental and/or business as well as personal use?** ☐ 6. ☐ YES ☐ NO
If you checked "Yes," enter the estimated percentage of property devoted to your personal use. See page 8 ☐ 6a. %
 - List name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill.**
See page 8.

Name	Relationship	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name	Relationship	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name	Relationship	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Did this person live in your home in 2000?
- Enter your percentage of ownership** ☐ 7. %

STEP D

Income of household members

On line 8 through line 13 enter your total household income for the 2000 calendar year.

		(Dollars)	(Cents)
8. Social Security and/or Railroad Retirement	8.		
9. Interest, Dividends, and/or Gain (or Loss)	9.		
10. Pensions and/or Annuities	10.		
11. SSI/SSP, AB, and ATD (Gold Check). See page 9 (full year total)	11.		
12. Rental and Business Income (or Loss). See page 10 ..	12.		
13. Other Income (including wages). See page 10	13.		
14. SUBTOTAL. Add line 8 through line 13	14.		

STEP E

Adjustments to income

15. Adjustments to Income. See page 11	15.		
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STEP F

Total household income

16. TOTAL HOUSEHOLD INCOME IN 2000. Subtract line 15 from line 14	• 16.		
If line 16 is more than \$35,251, stop. You do not qualify.			

STEP G

Property tax paid and homeowner assistance claimed

17. PROPERTY TAX FOR 2000/2001 <input type="radio"/> • 17.		
DO NOT INCLUDE SPECIAL OR DIRECT ASSESSMENTS. Amount on line 17 cannot exceed 1% of the full value of the home. See page 11. Attach a copy of your 2000/2001 property tax bill.		

You do not have to complete line 18. If you stop here, we will figure the amount of assistance for you.

18. Homeowner assistance claimed (cannot exceed \$326.40). See page 14	■ 18.		
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Reminder

If this is your first year filing a Homeowner Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement)

STEP H

Signature, date, and telephone number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number () _____

Paid Preparer's Use Only

PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡			FEIN
			TELEPHONE ()

Do not write in this space

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